2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L0000009852 1. Entity Name GLOBAL PARCEL SYSTEM LLC					FILED					
						01 MAY 11 AM 9: 32				
Principal Plac	e of Business BAYSHORE DRIVE, SUITE 703	Mailing Address	- -			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
MIAMI FL 331	MIAMI FL 33133	outh Bayshore Drive. Suite 703 L 33133				ŀ				
	tace of Business N.W. 30th Terrace	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
	, Florida	City & State			4. FEI Number 65–1034931				plied For t Applicable	
Zip 33122		Zip Coun			5. Certificate of Status Desired		S5.00 Additional Fee Required			
	6. Name and Address of Current		7. Nam	e and Address of New Reg	stered A	gent				
WORLD CORPORATE SERVICES, INC.					ss (P.O. Box Number is Not Acceptable)					
2665 SOI MIAMI FL	JTH BAYSHORE DRIVE, SUITE 703	3 .	500		(r.u. bux N	umber is Not Acceptable)	! :			
IAINVIAII L.T	33133	•		Cit.			Zip Code			
				City FL Zip Code						
8. The above	named entity submits this statement fo	r the purpose of changing its re	egistered o	office or registe	ered agent,	or both, in the State of Florid	a .			
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: I	Registered Ag	gent signature requir	ed when reinstati	ng)	DATE			
		FILE NO	W!!! FE	E IS \$50.00)					
		Make Check Paya	able to E	Department	of State					
9.	MANAGING MEMBI	ERS/MEMBERS	10.			ADDITIONS/CHANGES				
TITLE NAME	Manager Alvarez, Alejandro	☐ Delete	TITLE NAME					Change	Addition	
STREET ADDRESS	8304 N.W. 30th Terra Miami, Florida 33122		STREET ADDRESS CITY-ST-ZIP			9000043 -06/08/1 *****5	() 1 () (1079	018	
TITLE	-	☐ Delete	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		and the second s	NAME STREET A CITY-ST-	l l	*					
TITLE		☐ Delete	TITLE	-ZIP			· ·	☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET A	I						
CITY-ST-ZIP		□ Pa(44	CITY-ST-	-ZIP				Change	Addition	
NAME		☐ Delete	NAME	l				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET A	I .			;			
TITLE .		☐ Delete	TITLE					Change	☐ Addition	
STREET ADDRES			name Street a	DDRESS						
CITY-ST-ZIP			CITY-ST-				<u> </u>			
TITLE NAME		☐ Delete	TITLE					☐ Change	Addition	
STREET ADDRESS			NAME STREET A	NDDRESS						
CITY-ST-ZIP			CITY-ST-			0				
11. I hereby of indicated limited lia	ertify that the information supplied with on this report is true and accurate and bility company or the receiver or truster	this filing does not qualify for the that my signature shall have the empowered to execute this re	he exempt e same leg port as rec	ition stated in Sigal effect as if quired by Cha	Section 119.6 made under pter 608, Flo	07(3)(i), Florida Statutes. I fu r oath; that I am a managing orida Statutes.	rther certif g member	y that the in or manage	formation r of the	

Alejandro Alvarez 4/26/01 (305) 468-1556

DEPENDING MARKATING TAMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

SIGNATURE: SIGNATURE AND TYPED OR E